

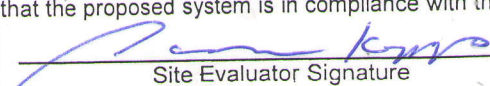
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services
 Div of Environmental Health, 11 SHS
 (207) 287-5672 Fax: (207) 287-4172

PROPERTY LOCATION		>> CAUTION: LPI APPROVAL REQUIRED <<	
City, Town, or Plantation	LEBANON	Town/City _____	Permit # _____
Street or Road	33 DEPOT ROAD	Date Permit Issued ___/___/___	Fee: \$ _____ Double Fee Charged []
Subdivision, Lot #	MAP R 08 LOT 8	L.P.I. # _____	
OWNER/APPLICANT INFORMATION		Local Plumbing Inspector Signature _____	
Name (last, first, MI)	COASTAL MAINE, LLC.	<input type="checkbox"/> Owner <input type="checkbox"/> Town <input type="checkbox"/> State	
Mailing Address of Owner/Applicant	8 BRADSTREET LANE ELIOT, ME 03903	The Subsurface Wastewater Disposal System shall not be installed until a Permit is issued by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the disposal system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules.	
Daytime Tel. #	207-200-6694	Municipal Tax Map # _____ Lot # _____	
OWNER OR APPLICANT STATEMENT		CAUTION: INSPECTION REQUIRED	
I state and acknowledge that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Department and/or Local Plumbing Inspector to deny a Permit.		I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.	
Signature of Owner or Applicant _____ Date _____		Local Plumbing Inspector Signature _____ (1st) date approved _____	
Signature of Owner or Applicant _____ Date _____		Local Plumbing Inspector Signature _____ (2nd) date approved _____	

PERMIT INFORMATION		
TYPE OF APPLICATION <input checked="" type="checkbox"/> 1. First Time System <input type="checkbox"/> 2. Replacement System Type replaced: _____ Year installed: _____ <input type="checkbox"/> 3. Expanded System a. <25% Expansion b. >25% Expansion <input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion	THIS APPLICATION REQUIRES <input checked="" type="checkbox"/> 1. No Rule Variance <input type="checkbox"/> 2. First Time System Variance a. Local Plumbing Inspector Approval b. State & Local Plumbing Inspector Approval <input type="checkbox"/> 3. Replacement System Variance a. Local Plumbing Inspector Approval b. State & Local Plumbing Inspector Approval <input type="checkbox"/> 4. Minimum Lot Size Variance <input type="checkbox"/> 5. Seasonal Conversion Permit	DISPOSAL SYSTEM COMPONENTS <input type="checkbox"/> 1. Complete Non-engineered System <input checked="" type="checkbox"/> 2. Primitive System (graywater & alt. toilet) <input checked="" type="checkbox"/> 3. Alternative Toilet, specify: VAULT/ OR COMPOST <input type="checkbox"/> 4. Non-engineered Treatment Tank (only) <input checked="" type="checkbox"/> 5. Holding Tank, 1500 gallons <input type="checkbox"/> 6. Non-engineered Disposal Field (only) <input type="checkbox"/> 7. Separated Laundry System <input type="checkbox"/> 8. Complete Engineered System (2000 gpd or more) <input type="checkbox"/> 9. Engineered Treatment Tank (only) <input type="checkbox"/> 10. Engineered Disposal Field (only) <input type="checkbox"/> 11. Pre-treatment, specify: _____ <input type="checkbox"/> 12. Miscellaneous Components
SIZE OF PROPERTY 3000 <input checked="" type="checkbox"/> SQ. FT. <input type="checkbox"/> ACRES SHORELAND ZONING <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	DISPOSAL SYSTEM TO SERVE <input type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: <u>2</u> <input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: _____ <input type="checkbox"/> 3. Other: _____ (specify) Current Use <input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input checked="" type="checkbox"/> Undeveloped	TYPE OF WATER SUPPLY <input type="checkbox"/> 1. Drilled Well <input type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private <input type="checkbox"/> 4. Public <input checked="" type="checkbox"/> 5. Other

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK <input type="checkbox"/> 1. Concrete a. Regular b. Low Profile <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: N/A CAPACITY: _____ GAL.	DISPOSAL FIELD TYPE & SIZE <input type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input checked="" type="checkbox"/> 3. Proprietary Device a. cluster array <input checked="" type="checkbox"/> c. Linear <input checked="" type="checkbox"/> b. regular load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other: _____ SIZE: <u>100</u> <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.	GARBAGE DISPOSAL UNIT <input type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Maybe If Yes or Maybe, specify one below: <input type="checkbox"/> a. multi-compartment tank <input type="checkbox"/> b. _____ tanks in series <input type="checkbox"/> c. increase in tank capacity <input type="checkbox"/> d. Filter on Tank Outlet	DESIGN FLOW 25 _____ gallons per day BASED ON: <input checked="" type="checkbox"/> 1. Table 4A (dwelling unit(s)) <input type="checkbox"/> 2. Table 4C (other facilities) SHOW CALCULATIONS for other facilities 2 plastic chambers 3 x 6 <input type="checkbox"/> 3. Section 4G (meter readings) ATTACH WATER METER DATA
SOIL DATA & DESIGN CLASS PROFILE CONDITION <u>3 / C</u> at Observation Hole # <u>1</u> Depth <u>18</u> " of Most Limiting Soil Factor	DISPOSAL FIELD SIZING <input type="checkbox"/> 1. Medium---2.6 sq. ft. / gpd <input checked="" type="checkbox"/> 2. Medium---Large 3.3 sq. ft. / gpd <input type="checkbox"/> 3. Large---4.1 sq. ft. / gpd <input type="checkbox"/> 4. Extra Large---5.0 sq. ft. / gpd	EFFLUENT/EJECTOR PUMP <input type="checkbox"/> Not Required <input type="checkbox"/> May Be Required <input type="checkbox"/> Required Specify only for engineered systems: DOSE: _____ gallons	LATITUDE AND LONGITUDE at center of disposal area Lat. <u>43</u> d <u>24</u> m <u>50</u> s Lon. <u>70</u> d <u>52</u> m <u>13</u> s if g.p.s. state margin of error: _____

SITE EVALUATOR STATEMENT		
I certify that on <u>8/15/13</u> (date) I completed a site evaluation on this property and state that the data reported are accurate and that the proposed system is in compliance with the State of Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241).		
 Site Evaluator Signature	260 SE #	<u>8/23/13</u> Date
Corinne Knapp	207-997-7058	E-mail Address
Site Evaluator Name Printed	Telephone Number	E-mail Address

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services
 Division of Environmental Health
 (207) 287-5672 Fax: (207) 287-3165

Town, City, Plantation
LEBANON

Street, Road, Subdivision
33 DEPOT ROAD

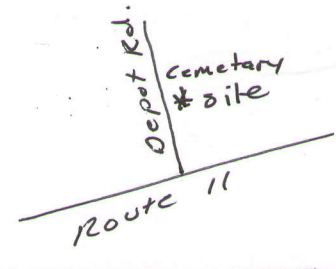
Owner's Name
COASTAL MAINE, LLC.

SITE PLAN

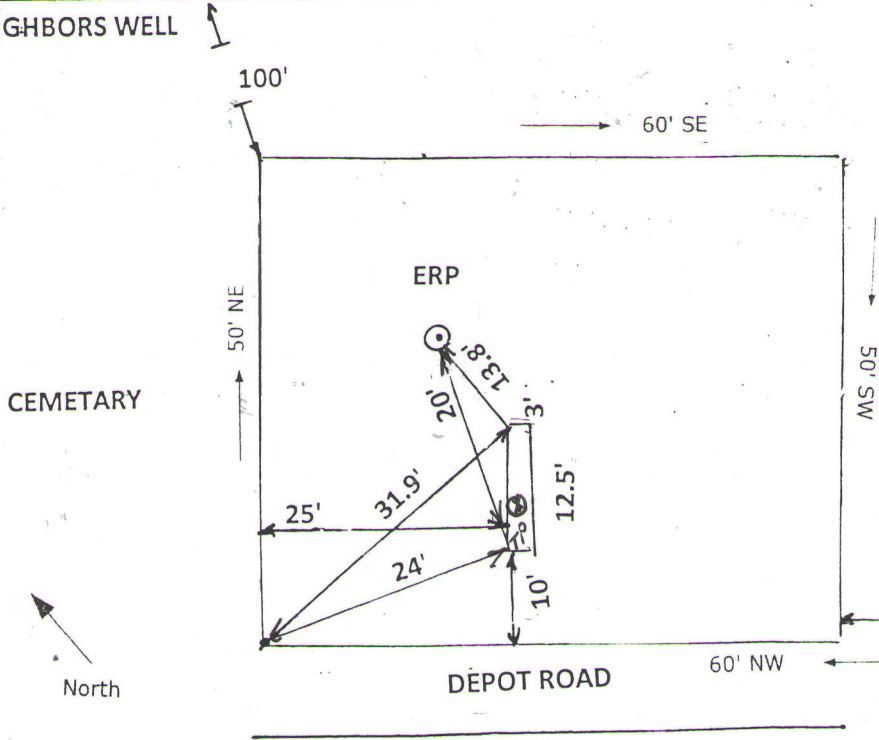
Scale 1" = 20' ft. or as shown

SITE LOCATION PLAN
 (map from Maine Atlas recommended)

NEIGHBORS WELL



Hand carried or Hand Pump Water
SELF CONTAINED BLACKWATER
 SUCH AS VAULT OR
 COMPOSTING TOILET



SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)

Observation Hole Test Pit Boring
 " Depth of Organic Horizon Above Mineral Soil

Observation Hole Test Pit Boring
 " Depth of Organic Horizon Above Mineral Soil

Depth Below Mineral Soil Surface (inches)	Texture	Consistency	Color	Mottling
0	Sandy	Friable	Brown	NONE
10	Loam		Yellow Brown	
20	Fine Sandy Loam	Firm	Olive Brown	Common Distinct
30				
40				
50				

Depth Below Mineral Soil Surface (inches)	Texture	Consistency	Color	Mottling
0				
10				
20				
30				
40				
50				

Soil Classification <u>3</u> <u>C</u>	Slope <u> </u> %	Limiting Factor <u>18"</u>	<input checked="" type="checkbox"/> Ground Water <input checked="" type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth
Profile Condition			

Soil Classification <u> </u> <u> </u>	Slope <u> </u> %	Limiting Factor <u> </u> "	<input type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth
Profile Condition			

[Signature]
 Site Evaluator Signature

260
 SE #

8/23/13
 Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services
 Division of Environmental Health
 (207) 287-5672 Fax: (207) 287-3165

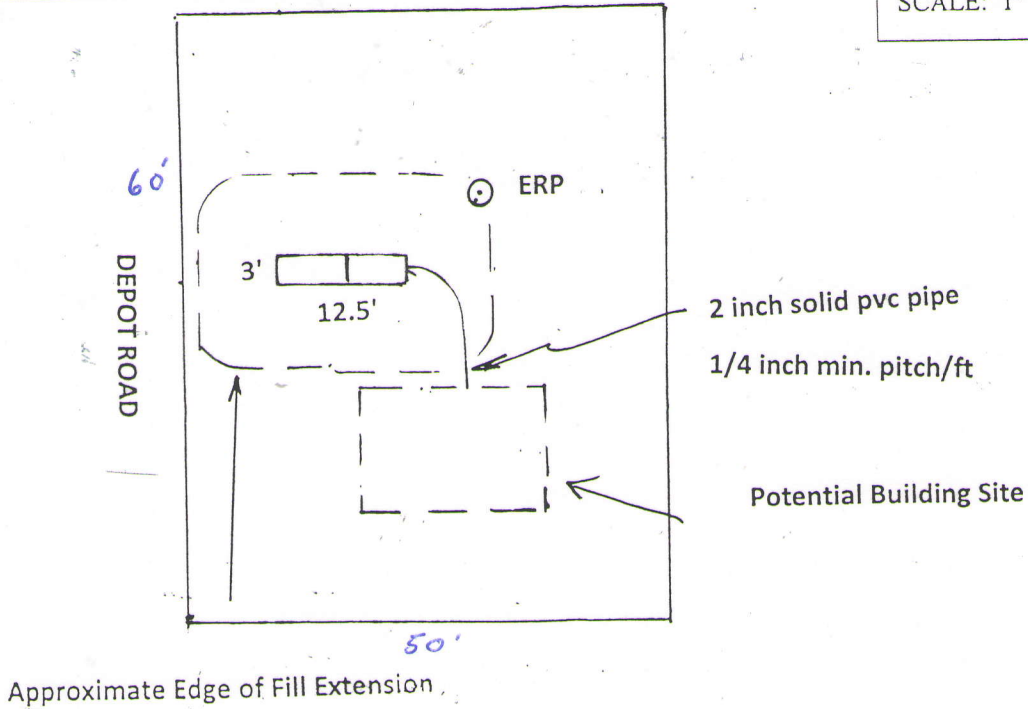
Town, City, Plantation
LEBANON

Street, Road, Subdivision
33 DEPOT ROAD

Owner's Name
COASTAL MAINE, LLC.

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE: 1" = 20' FT.



FILL REQUIREMENTS

Depth of Fill (Upslope) 18"
 Depth of Fill (Downslope) 18"

CONSTRUCTION ELEVATIONS

Finished Grade Elevation -32"
 Top of Distribution Pipe or Proprietary Device -44"
 Bottom of Disposal Area -60"

ELEVATION REFERENCE POINT

Location & Description: Flagged Nail in Pine
43.5" above grade
 Reference Elevation: 0.00

DISPOSAL AREA CROSS SECTION

Scale

Horizontal 1" = ft.
 Vertical 1" = ft.

SEE ATTACHED CROSS SECTION

[Signature]
 Site Evaluator Signature

260

SE #

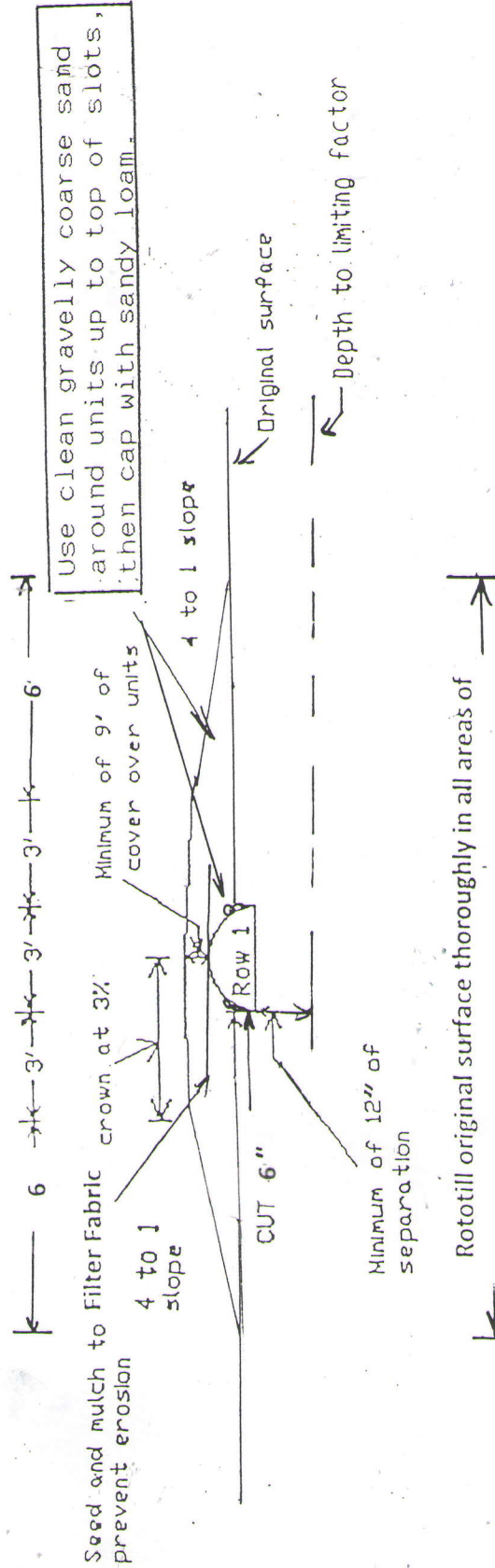
8/23/13

Date

ATTACHMENT TO FORM HHE-200

ELEVATION NOTES	
Top of Infiltrators	-44"
Bottom of Infiltrators	-60"

Reference elevation = 0' ROW 1



Seed and mulch to prevent erosion

4 to 1 slope

Minimum of 9' of cover over units

3% crown

4 to 1 slope

CUT 6"

ROW 1

Original surface

Depth to limiting factor

Minimum of 12" of separation

Rototill original surface thoroughly in all areas of the system including fill extensions. Remove any organic material and stumps

SCALE:

Vertical 1 inch = 5 feet
Horizontal 1 inch = 5 feet

Paul J. [Signature] DATE: 8/21/13